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Case Docket No. AMBINC 006A

Date: April 16, 2002

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Katz, D. P.  
Appl. No. : 10/001,684  
Filed : October 25, 2001  
For : METHODS AND  
COMPOSITIONS FOR THE  
BENEFIT OF THOSE  
SUFFERING FROM  
POLYCYSTIC OVARY  
SYNDROME WITH  
CHROMIUM COMPLEXES  
Examiner : Unknown  
Group Art Unit : 1614

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first class mail in an envelope addressed to: United States Patent and Trademark Office, P.O. Box 2327, Arlington, VA 22202, on

April 16, 2002  
(Date)

Ned A. Israelsen, Reg. No. 29,655

TRANSMITTAL LETTER


United States Patent and Trademark Office  
P.O. Box 2327  
Arlington, VA 22202

ATTENTION: APPLICATION BRANCH

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) An Information Disclosure Statement.
- (X) A PTO Form 1449 with thirty-six (36) references.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

  
Ned A. Israelsen  
Registration No. 29,655  
Attorney of Record

AMBIINC.006A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Katz, D. P. ) Group Art Unit: 1612  
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Examiner : Unknown )

INFORMATION DISCLOSURE STATEMENT

United States Patent and Trademark Office  
P.O. Box 2327  
Arlington, VA 22202

Dear Sir:

Enclosed is form PTO-1449 listing references that are also enclosed. This Information Disclosure Statement is being filed before the receipt of a first Office Action on the merits, and presumably no fee is required in accordance with 37 C.F.R. § 1.97(b)(3). If a first Office Action on the merits was mailed before the mailing date of this Statement, the Commissioner is authorized to charge the fee set forth in 37 C.F.R. § 1.17(p) to Deposit Account No. 11-1410.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 4-16-02

By: [Signature]

Ned A. Israelsen  
Registration No. 29,655  
Attorney of Record  
620 Newport Center Drive  
Sixteenth Floor  
Newport Beach, CA 92660  
(619) 235-8550